

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Americans For Common Sense Solutions

(b) Address (number and street) ☐ check if different than previously reported

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

2. FEC Identification Number

C C30001903

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

(b) Communication Title

Health Care Risk

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Christopher Stenberg

(b) Address (number and street)

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

9. Total Donations This Statement

15000.00

10. Total Disbursements/Obligations This Statement

13638.90

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Christopher Stenberg

SIGNATURE Electronically Filed by Christopher Stenberg

DATE 02/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 / 6

11. Person(s) Sharing/Exercising Control

A. (a) Name Christopher Stenberg	Transaction ID : F91.000001
--	------------------------------------

(b) Address (number and street) 170 Westminster Street

(c) City, State and Zip Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

B. (a) Name Edward Cotugno	Transaction ID : F91.000002
--------------------------------------	------------------------------------

(b) Address (number and street) 1692 Chalkstone Ave.

(c) City, State and Zip Code

Providence

RI

02909

(d) Name of Employer or Principal Place of Business

not employed

(e) Occupation

A. Full Name of Donor

John Jordan

Mailing Address of Donor

1474 Alexander Valley

City

State

Zip

Healdsburg

CA

95448

Date of Receipt

M M
0 7

D D
2 1

Y Y Y Y
2 0 1 0

Amount

5000.00

Transaction ID : F92.000001

B. Full Name of Donor

Sally Jordan

Mailing Address of Donor

700 Buena Vista Road

City

State

Zip

Santa Barbara

CA

93108

Date of Receipt

M M
0 7

D D
2 8

Y Y Y Y
2 0 1 0

Amount

5000.00

Transaction ID : F92.000002

C. Full Name of Donor

Dwight Lowell

Mailing Address of Donor

901 Cima Del Mundo Road

City

State

Zip

Santa Barbara

CA

93108

Date of Receipt

M M
0 8

D D
0 9

Y Y Y Y
2 0 1 0

Amount

5000.00

Transaction ID : F92.000003

SUBTOTAL of Donations This Page (optional).....

15000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

15000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 4 / 6

A. Full Name (Last, First, Middle Initial) of Payee Seaside Communications <hr/> Mailing Address of Payee 125 N. Nopal Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Santa Barbara</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 93103</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Employer n/a</td> <td style="width: 50%;">Occupation n/a</td> </tr> </table> <hr/> Purpose of Disbursement (including title(s) of communication(s)) TV/media placement - Health Care Risk				City Santa Barbara	State CA	Zip Code 93103	Name of Employer n/a	Occupation n/a	Date of Disbursement or Obligation <table style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4999.00</div> <hr/> Communication Date <table style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Transaction ID : F93.000001		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0																															
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SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">8820.00</div>																																																																													
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																																																													

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 5 / 6

A. Full Name (Last, First, Middle Initial) of Payee Walsh & Associates, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0</div> </div>			
Mailing Address of Payee 294 Main Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2790.03</div>			
City East Greenwich		State RI		Zip Code 02818		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) TV/media production - Health Care Risk							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000009							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee Walsh & Associates, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0</div> </div>			
Mailing Address of Payee 294 Main Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1250.56</div>			
City East Greenwich		State RI		Zip Code 02818		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) TV/media production - Health Care Risk							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000010							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">4040.59</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 6 / 6

A. Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0</div> </div>			
Mailing Address of Payee 27 Shangri-La Blvd.				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">441.17</div>			
City East Wareham		State MA		Zip Code 02538		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation media consultant		Transaction ID : F93.000005			
Purpose of Disbursement (including title(s) of communication(s)) Media placement free - Health Care Risk							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000011		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0</div> </div>			
Mailing Address of Payee 27 Shangri-La Blvd				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">337.14</div>			
City East Wareham		State MA		Zip Code 02538		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation media consultant		Transaction ID : F93.000006			
Purpose of Disbursement (including title(s) of communication(s)) Media placement fee - Health Care Risk							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000012		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">778.31</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">13638.90</div>